

Project Title:
Grantee Name:

Date:

Grant Continuation Packet

Project Title:
Grantee Name:

Date:

Grant Continuation Instructions, and Resources and Tools

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Grant Continuation Application

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Resources and Tools

Appeal of Award- for information see Grants Manual
People First Language- for information see Grant's Manual
County Poverty Rates- for information see Grants Manual

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CONTINUATION APPLICATION CHECKLIST

Continuation funding is awarded on an annual basis and is not automatic.

Grant Workplan, Part I Project Profile:

- ☐ Complete A through M.

Part II Program Information:

- ☐ Part II A: Project Abstract Complete only if changed.
- ☐ Part II B. Project Narrative
- ☐ Part II C. Sustainability of Project:
- ☐ Part II D. Project Evaluation Plan:
- ☐ Part II E. Project Goal(s), Objectives, and Activities.
- ☐ Part II F. Continuation Information:

Part III Organizational Structure and Qualifications of Personnel:

- ☐ Part III A. Attach a Mission Statement and Organizational Chart: Complete only if changed.
- ☐ Part III B. Key Project Personnel:
- ☐ Part III C. Position Description: Complete only if changed.

Part IV Financial Information:

- ☐ Part IV A. Budget Detail
- ☐ Part IV B. Budget Justification
- ☐ Part IV C. Financial Management System Questionnaire
- ☐ Part IV D. Grant Related Income Questionnaire

Part V Supplemental Forms:

- ☐ Assurances: (Signatures required)
- ☐ TCDD Required Approvals: (Signatures required)
- ☐ Project Advisory Committee Nomination Form: (Signatures required)

Any application pages in which there are no changes, as noted in the instructions, may be submitted as copies (e.g., Position Descriptions). The completed Continuation Application (all sections) and **two copies** are due at the **TCDD Office, 6201 East Oltorf, Suite 600, Austin, Texas 78741 on or before March 9, 2009. Do not submit the cover sheet or instructions. Submit an electronic copy with signatures to Barbara Booker – Barbara.booker@tcdd.state.tx.us** . If you have any questions, call your respective grants specialist.

Incomplete materials will delay Grant Award decision.

Project Title:
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Grant Continuation Part I: Project Profile

A. Request for Proposal (RFP) Title:

B. Name of Organization:

C. Address:

D. Telephone:

E. Fax:

F. E-mail Address:

G. Check Type of Organization:

DUNS Number:

- ☐ (01) State Agency ☐ (02) Local Government Agency
☐ (03) Private, Non-Profit ☐ (04) Public, Non-Profit
☐ (05) Private, For-Profit ☐ (06) Institution of Higher Education

H. Identify counties, cities or regions of the state the project will serve:

I. Will project serve poverty areas? ☐ Yes ☐ No

J. Funds Requested for Continuation: TCDD Funds: \$ Match: \$ Totals: \$

K. Name of Authorizing Official:

I certify that I have reviewed the proposal and all required documents are attached, and are true, complete and accurate.

Signature: _____

Date: _____

L. Name of Financial Administrative Authority:

Signature: _____

Date: _____

M. Date Submitted: _____

Part II: Continuation Program Information

A. Project Abstract:

Update as appropriate to include anticipated activities of the proposed project in which you describe what you intend to accomplish through the project (100 words maximum).

B. Project Narrative:

Provide a concise description of the Project using the questions below as your guide. (three pages maximum)

1. Major Milestones:

Briefly describe the major milestones in the past project year and the plan to reach the intended outcomes successfully for the upcoming year.

2. Project Needs:

Describe the need(s) this project will address. Why does this work need to be done?

3. Target Population:

Describe who benefited from this project, and who are the individuals who will be served in the upcoming year (demographics). If the target group in the upcoming year is different from the previous year explain why.

4. Cultural Diversity:

Describe how this project has included people with diverse backgrounds and disabilities and how the project was responsive to their beliefs, interpersonal skills, and languages which ensured maximum participation in your project and how cultural diversity will be included in the upcoming year. If the strategy for cultural diversity in the upcoming year is different from the previous year explain why.

5. Partnerships:

Describe partnerships established within the last year and the plans for new partnerships. Explain how these new partnerships are expected to contribute to the overall success of the project.

6. Products:

List any products you may create as a part of the project, such as: fliers, programs, marketing materials, training curricula, CDs, DVDs, videos, or websites/web pages.

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Part II: Continuation Program Information

C. Sustainability of Project:

Provide an explanation of how you will sustain the project after TCDD funding ends. See instructions for further details. (one page maximum)

1. Identifying and Obtaining Funding:

How do you propose to identify and obtain sustainable funding when TCDD funding expires? Include any income that may be generated by grant related activities. (Note: If there are specific activities to sustain this project, they should be included in the Goal(s), Objectives, and Activities section of this application).

2. Funding Sources:

If you have identified specific funding sources, describe whether the source (s) are from a government or a private agency and if possible provide written documentation from that agency that these funds will be available.

Part II: Continuation Program Information

D. Project Evaluation Plan:

Summarize your project evaluation from the previous year, what was learned and how the information will be used to improve your project in the upcoming year. (three pages maximum)

1. Consumer Satisfaction:

Summarize how the input from customers was solicited, what was learned and how it will be used to evaluate and improve the project in the upcoming year

2. Cultural Diversity:

Describe how the responsiveness to the needs of person with diverse backgrounds and disabilities was evaluated, what was learned and how this information will be used to improve the project in the upcoming year.

3. Consultants/Presenters/Others Feedback:

(if applicable to the project) Summarize the feedback gathered, and explain how this information will be used to improve the training in the upcoming year.

4. Project Advisory Committee Involvement:

Describe how input and assistance from the Project Advisory Committee members was solicited, what was learned and how it will be utilized to evaluate and improve the project in the upcoming year?

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Part II: Continuation Program Information

E. Project Goal, Objectives, and Activities

You will be expected to record the essential programming elements needed to complete the project. For more information on writing goals, objectives and activities, see the Instruction Section of this application. Do not list more than two project goals. If you have a second goal, copy the entire form. Do not list more than five objectives for each project goal. Copy the Objectives and Activities section of the form for each new objective and related activities you may have for each project goal.

Project Goal One:

Objective: (a measurable outcome that reflects changes to the system or benefits to people.)

Activities (steps, activities, tasks to achieve outcome)	Number of participants and frequency of activity	Time Frame	Person/Position Responsible

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F. Continuation Information:

If this is a multi-year grant, please list the general milestone(s) for each subsequent year. The number of years may not exceed the duration stated in the original Request for Proposal (RFP). Please also include the anticipated amount of TCDD funds to be requested and the match that will be provided for each year. Continuation funding is awarded on an annual basis and is not automatic. The grant amount requested may not exceed the yearly funding amount stated in the original (RFP). **(Note: see Instructions Section for specific requirements for continuation funding.)**

Year Three:

Milestones(s):

Funding Amount Requested: Match:

Year Four:

Milestones(s):

Funding Amount Requested: Match:

Year Five:

Milestones(s):

Funding Amount Requested: Match:

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Part III: Continuation Organizational Structure and Qualifications of Personnel

A. Attach a Mission Statement and Organizational Chart. (complete only if changed).

Briefly explain how your organization's goals are related to this Project.

B. Key Project Personnel:

1. List the Personnel who Occupy the Key Positions Including:

- a. Project Director:
- b. Project Coordinator:
- c. Financial Administrative Authority:
- d. Financial Administrative Authority Alternate:

2. List the Qualifications of Each Person: (complete only if personnel has changed)

C. Attach Position Description for Key Project Staff: (complete only if changed).

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Part IV: Financial Information
Project Costs Summary

(Select cell and press F9 for totals from pages 9-10.)

Description	TCDD Funds	Match Funds	Total
Salary and Wages (Salaried Employees)			
Salary and Wages (Hourly Employees)			
Fringe Benefits			
Total Salaries and Benefits			
Purchased Services			
Travel			
Equipment and Supplies			
Rental/Leasing			
Utilities			
Indirect Cost Rate			
Total Annual Operating Costs			
TOTAL PROJECT COSTS			

Project Title:
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Date:

Part IV: Financial Information

A. Budget Detail:

A1. Personnel Services – Staff Salaries, Wages and Benefits (broken down by individual)						
Salaried Employees	Annual Salary	Time on Project		TCDD Funds	Match Funds	Total
Position Title		# of Months	% of Time			
1.						
2.						
3.						
Subtotal Salary and Wages: (Select cell and press F9 for totals.)						

Hourly Employees (Does not include Consultant Services)					
Position Title	Hourly Rate	# of Hours on Project	TCDD Funds	Match Funds	Total
1.					
2.					
3.					
Subtotal Salary and Wages: (Select cell and press F9 for totals.)					

Fringe Benefits (may include but not limited to)	Rate (percentage)	TCDD Funds	Match Funds	Total
FICA				
Workers Comp				
Health				
Dental				
Retirement				
(Other)				
Subtotal Fringe Benefits: (Select cell and press F9 for totals.)				
Total Annual Staff Salaries and Wages and Benefits				

Project Title:
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Date:

Part IV: Financial Information

A. Budget Detail: (continued)

A2. Operating Costs (Select Cell and Press F9 for Totals)			
Purchased Services	TCDD Funds	Match Funds	Total
Printing/Copying			
Postage			
Consultant Services			
Project Advisory Committee Expenses (including travel reimbursement and meeting time)			
Subtotal Purchased Services			
Travel	TCDD Funds	Match Funds	Total
In-State Staff Travel (Rate per Mile x Number of Miles)			
Out-of-State Travel			
Subtotal Travel			
Equipment and Supplies	TCDD Funds	Match Funds	Total
Equipment			
Office Supplies			
Subtotal Equipment and Supplies			
Rental/Leasing	TCDD Funds	Match Funds	Total
Office Space (Rate per Sq. Ft. X Number of Sq. Ft).			
Equipment			
Subtotal Rental/Leasing			
Utilities	TCDD Funds	Match Funds	Total
Gas, Water, Electricity			
Telephone			
Subtotal Utilities			
INDIRECT COST RATE			
Total Annual Operating Costs			
TOTAL PROJECT COSTS (Sum of Personnel Services plus Operating Costs)			

Part IV: Continuation Financial Information

B. Budget Justification Information: (one page only)

1. Personnel:

a. Fringe Benefits charged to the Project:

Explain the methodology used to calculate cost.

2. Operating Costs: (provide justification & methodology for each object of expense)

a. Purchased Services: (provide justification & methodology)

b. Travel: (provide justification & methodology)

c. Office Space (provide justification & methodology)

d. Equipment:

How will your equipment be used during the project period?

e. Supplies:

How will the supplies be used to support the project?

f. Utilities: (provide justification & methodology)

3. Match Requirements:

Please identify any or all portions of Match calculated at the poverty rate of 10 percent and any or all portions of Match calculated at the standard rate of 25 percent. To obtain a list of poverty designated counties in Texas refer to form GM-004 in the Grant's manual. (Note: See Part IV Match Requirements in the Instruction Section for more information on calculating Match).

Part IV: Continuation Financial Information

C. Financial Management System Questionnaire:

1. Fiscal Systems:

- a. What is your organization's present operating budget?
- b. Is a general ledger maintained that clearly summarizes the grant-related transactions?
☐ Yes ☐ No
- c. How are your books maintained?
☐ Cash ☐ Accrual Basis
- d. Who will keep these books?

Name: Title:

- e. How often do you prepare financial statements?
- f. What is your organization's fiscal year end date?
- g. Are you audited annually by an independent CPA? ☐ Yes ☐ No

Check type:

- ☐ Single audit
- ☐ Project specific audit
(more than \$300,000 and from only one funding source)
- ☐ Audit to satisfy Agency Requirements
(less than \$300,000 from all sources)

- h. Has the organization been audited in the past 12 months? ☐ Yes ☐ No
If the organization has been audited provide a copy of the audit management letter.

- i. Does your organization receive other federal funds? ☐ Yes ☐ No

If so, what is the anticipated revenue and source?

- j. What is your 14-digit State Comptroller vendor ID?

Signature of Financial Administrative Authority: _____ Date: _____

Signature of Alternate Financial Administrative Authority: _____ Date: _____

Part IV: Continuation Financial Information

D. Grant Related Income Questionnaire:

Definition – Grant related income is gross income received by the grantee that is directly generated by a grant-supported activity, or earned only as a result of the grant during the grant period. Program income includes income from fees for services performed and from the sale of items fabricated/completed under a grant.

1. Estimate the income you expect to be generated during the upcoming budget period \$

Source:

2. In the event you expect to receive grant related program income, select one of the following alternatives for disposition of the income

☐ Deduction Alternative – Grant related income will be used to reduce the federal participation in the project.

☐ Cost Sharing for Matching Alternative – Income should be used to satisfy a cost sharing or matching requirement for costs incurred during the current budget period. Unexpended program income may be used in a subsequent period that is within the authorized period of project support (Project Period).

☐ Expansion or Continuation of Existing Services Alternative – All grant related income will be used to (1) expand the project or (2) continue existing services past the termination of the last budget period. Under this alternative, a statement must be submitted to and approved by the Program that outlines the timeframe and the project related purposes for which the program income will be expended. Quarterly Reports of expenditures must be submitted until all funds are expended. Note: This alternative is not available to for-profit organizations (45 CFR Part 74, Subpart E 74.82) and must have prior approval from the Program under any circumstances.

Please sign on lines below:

Signature of Financial Administrative Authority: _____ Date: _____

Signature of Alternate Financial Administrative Authority: _____ Date: _____

Part V. Supplemental Forms

Assurances

Read the following Assurances carefully. If selected as a grantee, you will be expected to comply with all of the following. You must sign and return the Certification Statement on page 22 with this application. **Failure to return this form with the appropriate signatures will result in the application not being considered.**

Grantee certifies that:

1. It is a state agency or is chartered by the State of Texas.
 - If chartered by the state, it is a nonprofit or a for profit organization.
 - A resolution, motion, or similar action has been duly adopted or passed as an official act of the Grantee's governing body, authorizing the filing of the application.
2. It will comply with provisions of the Americans with Disabilities Act of 1990 (P.L. 101-336).
3. The Grantee will inform TCDD of any litigation or proceeding presently pending or threatened against the Grantee.
4. None of the provisions herein contravenes or is in conflict with the authority under which the Grantee is doing business or with the provisions of any existing indenture or agreement of the Grantee.
5. The Grantee shall not assign or subcontract any of its rights or responsibilities under this grant, except as may be otherwise provided for in this grant, without prior formal written amendment of this grant, properly executed by both Council staff and the Grantee.
6. The Grantee shall maintain its program, financial records, accounts, and general administration as specified in 45 CFR, Part 74 or Part 92 (as applicable) and the Council's guidelines.

The Grantee shall adhere to these regulations and guidelines in a manner, which shall assure a full accounting of all services performed and for all funds received and expended by the Grantee in connection with the grant project.

These records and accounts shall be retained by the Grantee and made available for review or audit by TCDD staff and by others authorized by law or regulations to conduct such review or audit for a period of not less than three years after TCDD has made final payments and all other pending matters are closed. The Designated State Agency may request records necessary to comply with state requirements.

7. The Grantee will submit, when appropriate, an audit performed by an independent certified public accountant licensed by their State Board of Public Accountancy for those fiscal years that include any portion of a grant period.

The audit will be conducted in accordance with OMB Circular A-133 with reference to the TCDD Audit Service Procurement System (ASPS) to determine proper audit-related procedures.

8. The Grantee shall adhere to applicable cost principles dependent on its organizational type.

Grantee certifies that: (cont.)		
Indicate your organizational type by check-off below, noting the cost principles that apply to you.		
<input checked="" type="checkbox"/>	Organization Type	Applicable Cost Principles
<input type="checkbox"/>	Institutions of Higher Education	OMB Circular No. A-21, Cost Principles for Educational Institutions
<input type="checkbox"/>	Hospitals	Title 45 CFR Part 74, Appendix E, Principles for Determining Costs Applicable to Research and Development under Grants and Contracts with Hospitals
<input type="checkbox"/>	State and Local Governments	OMB Circular No. A-87, Cost Principles for State and Local Governments
<input type="checkbox"/>	Nonprofit Organizations	OMB Circular No. A-122, Cost Principles for Nonprofit Organizations
<input type="checkbox"/>	For-profit Organizations	Title 48 CFR Part 31, Special Provisions for Grants and Subgrants to Commercial Organizations

Texas Uniform Grant Management Standards apply to all grantees.

9. Procurement standards for acquiring goods (e.g., supplies, equipment) and services (e.g., consultants, telephone, printing) must be implemented to comply with the pertinent OMB circular noted above. All project costs will be reasonable, necessary, allowable, and allocable. No employee or officer of the agency will participate in the award of administration of a contract if a real or apparent conflict of interest exists.
10. The Grantee travel reimbursement (per diem, lodging, etc.) will not exceed the current maximum allowed by the State of Texas Travel Management Program..
11. Funds paid to the Grantee under the provisions of the grant will be used to supplement and increase the level of funds that would be available for the purposes for which the federal funds are provided, and not to supplant such non-federal funds.
12. The Grantee understands that any reduction of federal funds available to the State of Texas for TCDD may require reduction of the amount of the award to the Grantee.
13. The Grantee will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act.
14. The Grantee will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with that Act:
- Ensure that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this federally assisted program, and will immediately take any measures necessary to effectuate this agreement. (45 CFR, Part 80).
 - prohibit employment discrimination where
 - the primary purpose of the grant is to provide employment, or

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- discriminatory employment practices will result in unequal treatment of individuals who are or should be benefiting from the grant-aided activity, and
- prohibit discrimination on the basis of age in providing treatment, services, or habilitation except as provided in the requirement that the developmental disability is manifested before the individual attains the age of twenty-two. (45 CFR, Part 90).

15. The Grantee will take affirmative action to employ, and advance in employment, qualified individuals with disabilities on the same terms and conditions required with respect to the employment of such individuals by the provisions of the Rehabilitation Act of 1973.
16. The Grantee will establish safeguards to prohibit employees, officers and board members of the Grantee agency from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties. Grantee must inform TCDD immediately if any member or staff of TCDD is on the grantee organization's board of directors, or equivalent entity. The following TCDD members or staff are on the board of directors or equivalent entity of this organization:

The Grantee further assures that there is no conflict of interest of any member or employee of the Texas Council for Developmental Disabilities. A conflict of interest would be present if a Council member, employee or his/her spouse, parent, minor child or partner

- is negotiating or has an arrangement concerning prospective employment or consultation with the Grantee, its parent or subsidiary organization;
 - has a financial interest in the grant project or the Grantee, its parent or subsidiary organization greater than allowed by 42 U.S.C. 6024, and Section 1124 (a)(3) of the Social Security Act.
17. Buildings used in connection with the grant will meet standards pursuant to the Architectural Barriers Act of 1968.
 18. That provision will be made for the maximum utilization of available community resources, including volunteers.
 19. The Grantee will report all suspected cases of abuse to local law enforcement authorities and to the Texas Department of Protective and Regulatory Services as outlined in the TCDD's Grants Manual.
 20. All information as to personal facts and circumstances of individuals will be held confidential, including lists of names and addresses and records obtained by the Grantee. The use of such information and records
 - shall be limited to purposes directly connected with the administration of the project, and
 - may not be disclosed directly or indirectly, other than in the administration thereof, or for the purposes of audit by state, federal, or the designated state agency, unless the consent of the individual to whom the information applies, or his representative, has been obtained.
 21. If the Grantee is providing services, it will provide a reasonable volume of services to persons unable to pay.
 22. The Grantee shall comply with state and local licensure requirements where applicable.
 23. The Grantee shall comply with Section 507 of Public Law 103-333, which states that it is the intent of Congress that, to the extent practicable, all equipment and products purchased with funds made available in this Act should be American made.

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24. The Grantees must comply with Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act).

This Act requires that smoking not be permitted in any portion of any indoor facility

- Owned or leased or contracted by an entity and
- used routinely or regularly for the provision of
 - health,
 - day care,
 - education, or
 - library services

to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments.

25. The Grantee understands:

- all grant products must include people first terminology (i.e., people with developmental disabilities rather than "the developmentally disabled").
- To make available in a timely manner if requested by TCDD in accessible formats including
 - Braille,
 - large print, and
 - Spanish.
- Video products and or DVD products, teleconferencing, and distance learning activities are to be fully accessible to all participants.

26. This award is subject to additional amendments/revisions in the project Workplan and/or approved Budget as deemed necessary by TCDD.

27. The Grantee will comply with Section 231.006, Texas Family Code, which prohibits payments to a person who is in arrears on child support payments.

28. The Grantee will comply with the Texas Council for Developmental Disabilities Grants Manual.

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Certification Statement

The grantee hereby assures and certifies that it will comply with all guidelines and requirements with respect to this grant project as specified by

- The Developmental Disabilities Assistance and Bill of Rights Act, (DD Act) of 2000 (P.L- 106-402),
- The Texas Council for Developmental Disabilities, as outlined in the TCDD Grants Manual, and Federal Regulations Title 45 CFR Parts 74 or Part 92 (as applicable) and relevant cost principles.

If granted funds under the Developmental Disabilities Assistance and Bill of Rights Act, (DD Act) of 2000 (P.L- 106-402), I certify that have read all assurances and certifications and do hereby certify, warrant, and confirm that compliance with the assurances will be maintained.

Title: **Date:**

Signature of Authorizing Official:_____

Please sign and return this form with your Application. Do not return the Assurances. Failure to return this form with the appropriate signatures will result in the application not being considered

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TCDD Required Approvals

Grantee: _____
Name of Project: _____
Address: _____
City/Tx: _____

Please review the following Texas Council for Developmental Disabilities (TCDD) '**Required Approvals**' list. Note that throughout the life of your grant award from TCDD you are required to obtain the necessary staff and/or council approvals as indicated below:

- Project Advisory Committee Membership
- Budget Revision Form
- Program Revision Form
- Change of Project/Budget Period Form
- Contracts for personnel and/or services (sub-contracts)
- Reduction of Grantee match requirements
- Training sites and dates
- Collaboration letters (e.g., MOUs, MOAs)
- **Presentation of project at conferences during initial development stage**
- **Articles & other dissemination items**

Contact your Grants Specialist if you have any questions or concerns regarding required approvals.

Grantee Signature

Date

Project Title:
Grantee Name:

Date:

Texas Council for Developmental Disabilities

Project Advisory Committee Nomination Form

Organization:

Project Title:

Nominees (8-12 individuals) Please include: Name Address Phone Number	Membership Category: 1. Self Advocate or Family Member 2. Expert in Field 3. Key Cooperating Agency 4. Licensing Entity 5. Potential Future Funding Source 6. Individuals who can influence in diverse areas	Describe what each person brings to this committee (e.g. life experience, job related, etc).
1.		
2.		
3.		
4.		
5.		
6.		

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Nominees (8-12 individuals) Please include: Name Address Phone Number	Membership Category: 1. Self Advocate or Family Member 2. Expert in Field 3. Key Cooperating Agency 4. Licensing Entity 5. Potential Future Funding Source 6. Individuals who can influence in diverse areas	Describe what each person brings to this committee (e.g. life experience, job related, etc).
7.		
8.		

Signature: _____ Date Submitted: _____

Project Director

Approved: _____ Date Approved: _____

Texas Council for Developmental Disabilities

Grant Continuation Instructions

Part I. Project Profile:

A-F. Organization Identification:

Enter identifying information as indicated.

G. Organization Type:

Place a check by the code that matches your organization.

H. Areas Served:

Indicate the county(ies), city(ies) or region(s) of the state the project will serve.

I. Poverty Area Designation:

If the project is located in, or intends to provide the majority of its services in, a county(ies) where at least **twenty (20) percent** of the population is below the poverty level. (Note: see attached chart for Counties in Texas with a Poverty Rate above 20%).

J. Funds Requested for Continuation of the Project:

Estimate the budget for continuation of the project. Each grant funding cycle runs from 6/1 through 5/31 of the following year unless specified otherwise by the program. The match requirement for poverty areas is 10% for all years. Other match requirements are stated in each RFP and in the terms section.

K. Authorizing Official:

This is the organization's executive director, board chairperson, or other official who has the authority to obligate grantee's resources to carry out this project.

L. Financial Administrative Authority and Alternate Financial Administrative Authority:

This is the organization's chief financial officer, accountant or other officer, who has the authority to sign and certify accuracy and validity of all grant related financial documents. An alternate FAA must be named in case the authorized FAA becomes unavailable to perform his/her outlined duties.

M. Date Submitted:

Date application is sent to TCDD.

Grant Continuation Instructions (continued)

Part II. Continuation Program Information:

A. Project Abstract:

See the instructions on the form

B. Project Narrative:

See the instructions on the form

C. Project Sustainability:

This section is asking you to give some thought to how you will possibly sustain the grant once TCDD funding ends. The information you provide does not have to be specific. Your ideas on strategies for sustainability will be sufficient such as partnering with local businesses or government entities etc. The purpose of this section is to get you thinking about how you will sustain the project after TCDD funding ends. Also see instructions on the form

D. Project Evaluation Plans:

See instructions on form

E. Project Goal(s), Objective(s), and Activities:

This section is the heart of your project, and must be carefully thought out. Goals, Objectives, and Activities are interrelated with one step logically following the next. Goals are the long-term results of the project. Objectives support the goal. Activities are the process needed to complete the objective.

Goal:

This is the project mission statement and should be directly connected to the RFP (e.g., RFP expected outcomes). Usually, a project has only one goal (maybe two in special cases). The goal should remain the same throughout the project period.

Objectives:

Objectives are the steps taken to meet a project goal. Use Project Objective(s) to record measurable project outcomes such as to develop appropriate housing profiles for 20 individuals. Some objectives will carry over for the life of the project, with little or no change in the wording while others will be specific to a single project period. **TCDD recommends a maximum of five (5) objectives for each year of the project.**

Activities:

These are the methods or steps taken to achieve the objectives. Activities are the steps required to complete each objective. Indicate in a measurable way how an activity is going to be completed such as contacting 10 loan officers or developing a list of 30 homes to preview in the Dallas-Fort Worth area. Activities should be logically sequenced in order of start date, not completion date. Activities are more likely to vary from year to year

Timeframe Completion:

Enter the estimated completion timeframe for each activity. This can be listed as quarterly, monthly, or a specific date.

Project Title:
Grantee Name:

Date:

Responsible Person:

Enter the position, title, or name of the individual accountable for completion and documentation of the activity.

F. Continuation Information:

This section is for stating the general milestone(s) and projected funding requests for multi year grants. For each subsequent year(s) of the grant, list general milestone(s) and approximate funding requests along with the match that will be provided. Please refer to the original Request for Proposal (RFP) for the number of project years and the yearly grant award. For example, the duration of the grant may be for three years with funding up to \$150,000 per year. **When completing this section, do not exceed the number of years stated in the original RFP.**

Continuation funding will be based on a review of the project's accomplishments, progress towards stated goals and objectives, financial management of funds, compliance with reporting requirements, review of most recent program audit, review of findings of TCDD's onsite reviews, and development of alternative funding.

Part III. Continuation Organizational Structure and Qualifications of Personnel:

See the instructions on the form.

Part IV. Financial Information:

This first section provides general information on TCDD Budget Regulations and Requirements.

In each category in the Budget Detail Section costs must be listed by general type or purpose. All project costs must be in line with competitive market rates. Round all budget figures to the nearest dollar. If you need assistance in establishing **allowable costs** for your organization, go to the **Assurances found in the online Grant's Manual, Number 8 Applicable Costs Principles** where you will find the appropriate cost principle section. You can then hyper-link to specific information on allowable costs based on your type of organization.

A. Budget Detail Section:

The Budget Detail must include the cost basis for each line item, (e.g., rates, allocations etc).

Definition of Match and Match Requirements:

Match is the required percent of **total project costs** that you are required to provide. Match can be dollars that are not from federal funds (see NICR below) or in-kind donations (including volunteer hours) that your organization provides to the project. **The total project cost is equal to the amount TCDD awards you plus the dollar value of the match you provide.** If your project is conducted in an area defined by the federal government as a non-poverty area, you are required to provide 25 percent of the **total project cost**. If the project is located in, or intends to provide services in, a county (ies) where at least twenty (20) percent of the population is below the poverty level (see attached Poverty Counties list), the match requirement is 10 percent. You may provide more Match than is required.

THE FOLLOWING FORMULAS MAY BE USED TO CALCULATE MATCH.

1. For projects entirely in non poverty areas, and you request the full TCDD grant amount:
Dollar value of match you must provide = TCDD (federal) funds / 3
Example: \$75,000/3 = \$25,000 that must be provided as match.
For a total project cost of \$100,000
2. For projects entirely in poverty areas, and you request the full TCDD grant amount:
Dollar value of match you must provide = TCDD (federal) funds / 9
Example: \$75,000/9 = \$8,333 that must be provided as match.

Project Title:
Grantee Name:

Date:

For a total project cost of \$83,333

3. For projects that serve both poverty and non-poverty areas the formula is a combination of the two. Calculate a combination Match using the following formula/example.

Example: A grantee requests \$100,000 in DD federal funds for a project that will provide training activities in 8 counties in the Texas panhandle. 7 of those counties are federally designated poverty areas. 1 county is a non-poverty area. The Project proposes to provide an equal share of activities in each of the 8 counties each year of the project.

a. Match Calculation:

Portion of Project activities in Poverty vs. Non-Poverty Areas:

1 of 8 counties = 12.5% is in Non-Poverty Area

7 of 8 counties = 87.5% is in Poverty Areas

b. Portion of Grant Expenditures in Poverty and Non-Poverty Areas:

\$100,000 X 12.5% = \$12,500 in Non-Poverty Area

\$100,000 X 87.5% = \$87,500 in Poverty Areas

c. Match Required on Poverty and Non-Poverty portion of grant:

\$12,500 / 3 = \$4,167

\$87,500 / 9 = \$9,722

d. Total Match Required

\$4,167 + \$9,722 = \$13,889

e. Total Project Expenses

\$100,000 (87.8%) + \$13,889 (12.2%) = \$113,889

Negotiated Indirect Cost Rate (NICR):

TCDD funds will pay a grantee's indirect costs up to 10% of the total project costs; any indirect costs in excess of this may be used as match. When using an NICR the applicant/grantee must provide a current negotiation agreement signed by the appropriate federal cognizant agency or a state single audit coordinating agency. The agreement must include the type of rate (e.g., predetermined, final, fixed or provisional), the effective period of the rate, the actual cost rate, (and the locations and fields applicable to the rate as appropriate) to be used as match. Other pertinent information from the NICR proposal and/or agreement may be required by TCDD prior to awarding of any grant funding. TCDD retains the right to audit indirect costs and recover unallowable costs.

Grantees that do not have a Negotiated Indirect Cost Rate (NICR) must use direct cost allocations for project-related costs, e.g., personnel, accounting, administration. Costs budgeted in this way must be documented throughout the full budget period.

Pro-rated Costs:

Pro-rated cost categories (e.g., supplies, equipment rental, facility rental, utilities, etc.) must be adequately supported with allocation rationale in the Budget Justification section, (i.e., facility rent charge based on square feet of building used by project to the total building square footage).

A1. Continuation Personnel Services Information:

Staff Salaries and Wages:

Base total annual compensation on the amount to be paid for a full time position during a 12-month period (i.e., monthly salary times twelve). The number of months on the project is the time during the budget period that the employee will be working on the project. The percent of time on the project is the percent of total compensable effort attributable to the project. A half-time position would be 50% of total annual salary if the individual were employed for 12 months.

Personnel with general administrative responsibilities (accountants, business managers, personnel managers, executive directors, division directors, etc.) will generally be shown as match when role is only indirect administrative support. Positions from which the project will derive its primary benefit will generally be allowable on federal funds.

Fringe Benefits:

Provide rationale and formulas used to calculate figures for fringe benefits. If only a portion of the salary is being used, indicate which portion; if benefits are being provided for select positions, show which positions.

A2. Continuation Operating Costs:

Purchased Services:

Include allowable printing/copying, postage, consultant services, and Project Advisory Committee Expenses (including travel reimbursement and meeting time) in the Purchased Services category. Refer back to information on Allowable Cost Information for additional help.

Travel:

Travel related expenses should include anticipated costs for transportation, per diem, lodging, meals, etc., and should be budgeted according to purposes and destinations described in the budget justification. Only reasonable and necessary travel expenses relating to the project's objectives are allowable. Grantee must limit travel expenses to current State of Texas maximum per diem and mileage rates for state employees except other approved by TCDD. See <https://fm.x.cpa.state.tx.us/fm/travel/index.php> for detailed information on state travel regulations.

Office Space, Equipment, and Supplies:

Office Space, Equipment, and Supplies are items that fall into prorated costs category and must be adequately supported with allocation rationale in the Budget Justification section, (i.e., Office Space charges based on square feet of building used by the project to the total building square footage).

Utilities:

Include Gas, Water, Electricity, and Telephone services in this section of Operating Costs.

Indirect Costs:

Project Title:

Date:

Grantee Name:

TCDD does not negotiate indirect cost rates. Grantees that do not have a NICR must use direct cost allocations for project-related costs, e.g., personnel, accounting, administration. Costs budgeted in this way must be documented throughout the full budget period. **TCDD funds do not pay for a grantee's indirect costs, but will allow indirect costs to be shown as Match.**

Project Title:
Grantee Name:

Date:

B. Continuation Budget Justification:

This section supports the figures entered in the Budget Detail section. Do not simply go into greater line item detail, but describe and justify each item. Identify costs for which federal funds are requested and those that will be provided by non-federal (match) funds.

Justify each cost with a statement relating that cost to a project goal, objective or activity. Provide the rationale and method for calculating all costs that are to be split over several cost centers especially any disproportionate allocations based on personal judgment.

Give notice, including dates, of anticipated salary raises, increased costs, or other expected deviations from current conditions.

For costs, which are only partially allocable to the project, provide a description of the allocation method that will be used that identifies the base, rationale, result and documentation that would be available from the accounting system supporting the equitability of the allocation.

As a rule of thumb, enter only enough detail to assure reviewers that your allocations are necessary, reasonable, project-specific and consistent with uniformly applied organizational accounting practices.

State how, when, and where individuals will travel and which objective(s) the travel will serve.

C. Financial Management System Questionnaire:

See instructions on the form

D. Grant Related Income Questionnaire:

See instructions on form.

Part V. Supplemental Forms:

Assurances

TCDD Required Approvals

Project Advisory Committee Nomination Form